



Service Orientation Checklist

Client Name: _____

Case #: _____

Please check all that apply:

I have chosen the following service(s):

Individual Therapy

Assertive Community Treatment

Case Management

Integrated Dual Diagnosis Treatment

Anger Management

Psychiatric

Dialectical Behavior Therapy

Other

I have been educated on the service I have chosen and had a chance to ask questions.

I have been informed that the Internal Recipient Rights Advisor for Recovery Technology is Andra Antczak at 796-4520.

I was trained on the emergency preparedness plan (fire, tornados, bomb threats, assaults with weapons, aggressive behaviors and how to use the fire extinguishers and emergency exits.)

Self-determination was explained to me and I was given the choice to participate or not.

Quality Improvement was explained to me and I was invited to be a member of the Advisory Board Committee (ABC).

Clinician discussed with me the importance of keeping appointments and participating in services scheduled. **I understand that if I miss 3 appointments I may be discharged from the service.**

Treatment is court ordered and the requirements for follow-up and discharge have been explained to me.

Client Signature

Date

Witness

Date

Guardian Signature

Date